

DIVISION OF STATE COURT ADMINISTRATION
115 W. WASHINGTON STREET, SUITE 1080
INDIANAPOLIS, IN 46204-3466

CLAIM FOR SERVICES AS SENIOR JUDGE

Voucher No. _____

Name: _____
Address: _____
City and State: _____
Social Security No.: _____
or
Federal ID No.: _____

Privacy Notice: Your Social Security or Federal ID Number is requested by the Auditor of State in compliance with Federal IRS requirements. (IC 4-1-8)

FOR DIVISION USE

TOTAL PER DIEM: \$ _____
(from reverse side)

Pay Period Ending: _____

FOR DIVISION USE

Account No.: 1000-100360

Agency: Supreme Court

Appropriation Name: Senior Judge

Object Amount (Travel from Reverse side)

.801 \$ _____ Mileage
.802 \$ _____ Reimbursable Expenses
Total \$ _____ (Paid for Travel)

Pre-Audited by: _____

DIVISION'S CERTIFICATION

I certify this claim is correct, it is a proper charge against the agency and account number indicated and payment thereof is authorized.

Division of State Court Administration

Date

CLAIMANT'S CERTIFICATION

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. (IC 5-11-10-1)

Claimant

Date

INSTRUCTIONS

1. List services in chronological order.
2. All claims for covered period must be included.
3. Claims must be filed within thirty (30) days after service.
4. Attach original receipts when reimbursable expenses are claimed.
5. NOTE: Separate state warrants (checks) will be issued for fees and travel expenses.
6. Even if you are not claiming travel reimbursement, you must complete the date served and court identifier number on the reverse side of this form.
7. A senior judge who serves substantially shorter time than the daily calendar of the court where the judge is serving may, with the permission of the Executive Director of State Court Administration, accumulate and consolidate such service times into a day's credit. *Ind. Admin. R. 5(B)(6)*. If you receive authorization from the Division and you complete the reverse side of this form, you may, in Part 2, combine partial days to form full days.

INDIANA SUPREME COURT
DIVISION OF STATE COURT ADMINISTRATION

Senior Judge: _____

Period Covered: _____ to _____

PART 1: FULL DAY SERVICE

	Date of Service	5 Digit Court Identifier #	Travel Between Points		Miles	Reimbursable Expenses	
			From	To		Amount	
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	
6.						\$	
7.						\$	
8.						\$	
9.						\$	
10.						\$	
PART 1 - TOTAL NUMBER OF FULL DAYS CLAIMED:					Total	\$	

PART 2: PARTIAL DAY SERVICE

	Date of Service	5 Digit Court Identifier #	Travel Between Points		Miles	Reimbursable Expenses	
			From	To		Amount	
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	
6.						\$	
7.						\$	
8.						\$	
9.						\$	
10.						\$	
PART 2 - TOTAL NUMBER OF FULL DAYS CLAIMED:					Total	\$	

DIVISION USE ONLY

TOTAL FEES	TOTAL MILES	MILEAGE REIMBURSEMENT	TOTAL REIMBURSABLE EXPENSES
$x 50.00$		$x .40$	

